								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO							•	09/750921					
Effective October 1, 2000							P-170						
CLAIMS AS FILED - PART I (Column 1) (Column							SMALL TYPE	EN	ΤΙΤΥ □	OR	OTHER SMALL		
TOTAL CLAIMS		20					RATE		FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE 3		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		20 minus 20=		• 0			X\$ 9=			OR	X\$18=	0	
NDEPENDENT CLAIMS		1 minus 3 =		. 0		<u> </u>	X40=				X80=		
MULTIPLE DEPEN	RESENT								OR		0		
* If the difference	less than zero, enter "0" ir			olumn 2	+135=				OR	+270=	·O		
9-27-0 CLAIMS AS AMENDED - PART II							TOTA	L		OR	TOTAL	055	
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER SMALL I		
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
Total	. 18	Minus	a	0	=- O.		X\$ 9=			OR	X\$18=	0	
Independent	· 2	Minus	••• 3	}	= 0		X40=	1		OR	X80=	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.105	1			+270=	. 0	
+135= TOTAL									OR	TOTAL			
(Column 1) (Column 2) (Column 3)							ADDIT. FE		•	OR	ADDIT. FEE	0	
	(Column 1) CLAIMS		HIGH	EST	(Column 3)	1 1		T	ADDI-	. 1		ADDI-	
MON Trotal Total 200	REMAINING AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA		RATE	<u> </u> 1	TIONAL FEE		RATE	TIONAL	
Total		Minus	••		=		X\$ 9=		<i>2</i> − 1	OR	X\$18=		
Independent .	• 65.5	Minus .	***		= ' .		X40=	1	·	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=	*	
							TOTA			OR	TOTAL ADDIT. FEE		
	(Column 1)		(Colur	nn 2)	(Column 3)	. `							
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Total		Minus	••		=		X\$ 9=			OR	X\$18=		
Independent	•	Minus	***		=	 	X40=	╅			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	十		OŖ			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								_L		OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								EL		OR ,	TOTAL ADDIT: FEE		
	nber Previously Pai					r fou	nd in the a	appro	opriate box	in col	umn 1.		